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	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
	U.S.G.S.		AND	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS
	TRANSPORTER GAS			
	OPERATOR	-		
I.	PRORATION OFFICE			
•	Operator ARCO Oil and Ga	_ ·		
	Division of Atlantic Richfield Company			
	P. O. Box 1710, Hobbs, New Mexico 88240			
	L			
	Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain) Change in Operat	or Vame
	Recompletion	Oil Dry Go		
	Change in Ownership	Casinghead Gas Conde		
	Sinding in Contact in Page 1			
	If change of ownership give name and address of previous owner			
IT	DESCRIPTION OF WELL AND	TEACE		
ш.	DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease
	B. Davis	3 00	mat Yates TRQ	State, Federal or Fee Fac
	Unit Letter K; 1650 Feet From The South Line and 1650 Feet From The Wast			
	Line of Section 34 , To	wnship 235 Range	36E , SMPM, J	County
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS C.	
	Shell Dipoline	or Condensate	P.O. Box 1910, Mil	land Texas 79701
	Name of Authorized Transporter of Ca	singled Gas Cor Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	El Saso Natural	Has Company	Is gas actually connected? Who	NM 88252
	If well produces oil or liquids, give location of tanks.	Unit Sec. / Twp./ Rge.	Is gas actually connected? Who	"Un known
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	R- 663
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion		ļ , , , , , , , , , , , , , , , , , , ,	
	Date Spudded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.
	No Change			
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
		TURING CASING AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		1	İ.,	-
V.	TEST DATA AND REQUEST FOIL WELL		fter recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
	No Change			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Cil-Bbls.	Water-Bbls.	Gas - MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

OIL CONSERVATION COMMISSION APR 1979

Choke Size

Old C-104 and C-110

вч T1T£ €

Casing Pressure

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

District Prod.

3

Tubing Pressure

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

& Drlg. Supt.

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

If this is γ request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply planed walls